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6 Rec'd PCT/PTO 15 JUL 2010

Docket No. 2609/68682-PCT-US/JPW/GJG/GTK

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Timothy Vollmer
Serial No. : 10/556,454 Examiner: M. Audet
Filed : November 11, 2005 Group Art Unit: 1654
For : COMBINATION THERAPY WITH GLATIRAMER ACETATE AND
MITOXANTRONE FOR THE TREATMENT OF MULTIPLE SCLEROSIS

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: July 13, 2010

Sir:

Transmitted herewith is an amendment to the above-identified application.

_____ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend-ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	23 -	* 29 =	*** 0 x	\$26	\$52	=		0
Indepen- -dent Claims	5 -	** 3 =	*** 2 x	\$110	\$220	=		440
Multiple Dependent Claim(s) Presented For First Time _____ Yes <u>X</u> No				\$195	\$390	=		0
				TOTAL ADDITIONAL FEE			\$440.00	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

Amendment Transmittal Letter
Page 2

The following are also enclosed:

 One additional copy of this Amendment Transmittal Letter

X Return Receipt Postcard

 An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes _____ No _____
and a fee of \$ _____ included)

_____ A Petition for an Extension of Time, including a fee of
\$ _____ for a Petition for _____ Month(s) Extension of Time

Other (identify): _____

THE TOTAL FEE DUE IS \$ 440.00

X A check in the amount of \$ 440.00 is enclosed.

_____ Please charge Deposit Account No. _____ in the amount of
\$ _____.

X The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 03-3125 as follows:

X Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

Gary J. Gerzhik 7/13/16

John P. White
Reg. No. 25,678
Gary J. Gerzhik
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Date

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